



LIONS FOUNDATION

of Manitoba & Northwestern Ontario

Suite Rental Guidelines

We hope you enjoy your stay and want you to feel comfortable during your time in the suite.

We have a few guidelines that we ask you to follow:

1. No smoking - Smoking is not permitted anywhere in the facility and must be a minimum of 8 meters from the entrance. (Fine \$150 for smoking in room).
2. Parking – Guest(s) is provided with one parking pass, please ensure it is displayed.
3. Payment – Payment in full is required upon check out. If staying longer than two (2) weeks/ 14 days we require a minimum, bi-weekly payment, unless we are directly billing a third party.
4. If you are booked for the monthly rate and stay less than the month, the rate will default to daily rate.
5. Check out – We understand with appointments and medical reasoning; tenant may be able to leave earlier than the original check out. You must provide 24 hrs. notice of check out, or a charge may occur. If an extension is needed, please let us know as soon as possible so we may try to accommodate.
6. Guests is responsible for any visitors in the suite. Visitors must sign in/out of the building each time they visit. If they are parked in the parking lot, they must register their vehicle.



320 Sherbrook St., Winnipeg, MB R3B 2W6

Phone: 204-772-1899 / 204-784-1650 / Fax: 204-943-6823 / Email: info@lionsfoundation.org

www.LionsFoundation.org



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7. Lions Foundation shall not be liable or responsible for any loss of, damages or injury to any guests' personal property. Lions Foundation is not responsible for any tickets or towing which may occur.
8. Guests are required to abide by the rules posted by Lions Manor Management.
9. Please quickly bring to our attention any damages or appliances not in working order. Guest may be held responsible for any damages that occur during stay.
10. We want you to enjoy your stay, please let us know if something is missing from your suite.

***Completed by Main Guest**

#1 Guest Name

#2 Guest Name

Address (number & street name)

(town/city)

(postal code)

_____ (cell)

_____ (other)

Phone #

Check in date (dd/mm/yy)

Check out date (dd/mm/yy) approx.

I agree to the above guidelines and understand in the event the terms are broken I may be required to leave.

_____ (signature)

Office Use

Rate: \$60/night (monthly)

\$80/night (daily)

Pre-paid amt. _____



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